

HealthInfoNet Opt-Out Form Do not fill out this form if you want to take part

What is HealthInfoNet? It is a private computer system for doctors, hospitals, and other caregivers to share medical information. It brings together your medical information into a single record. Your caregivers can quickly get the information they need, especially in an emergency. Caregivers already share medical records if needed. HealthInfoNet makes it easier, faster and more secure.

What's in my HealthInfoNet record? Your record can have medicines (drugs), lab and test results, allergies, health problems and name, birth date, and other information to help identify you. (Note: certain mental health, substance abuse, and HIV-related information is not included. Contact HealthInfoNet for more details.)

How does HealthInfoNet help my caregivers? It helps your caregivers to avoid mistakes, order fewer repeat tests or services, and reduce paperwork. For example, Robert sees Doctor A for his heart problems and Doctor B for high cholesterol. He gets arthritis medicine from Pharmacy C. He also is allergic to penicillin. HealthInfoNet helps Robert's caregivers see all his information in one place.

How is my record kept safe? HealthInfoNet keeps your record as safe as possible. Your records aren't available on the Internet. Only caregivers can see your record, after they enter a password. The system keeps track of who sees your record. You can contact HealthInfoNet to get a report of who has seen your record. Your information will never be sold to advertisers.

How can I take part?

If you want to share your record with caregivers using HealthInfoNet, you **DO NOT NEED TO DO ANYTHING** and you can throw away this form.

What if I do not want to take part?

If you DO NOT want to share your record with caregivers using HealthInfoNet ("opt-out") follow the directions below. Whether you take part or not, your MaineCare coverage will be the same.

HealthInfoNet I Choose Not to Take Part ("Opt-Out")

If you choose to opt-out, fill out this form and mail to: 125 Presumpscot Street, Box 8, Portland, ME, 04103, complete the same form securely online at www.hinfonet.org/optout, or call HealthInfoNet to opt-out by phone. You may contact HealthInfoNet at 866-592-4352, 207-541-9250, or info@hinfonet.org.

| First Name | Middle Name | Last Name | | |
|-----------------------------------|----------------------|-----------|---|--|
| Address | City | State | Zip Code | |
| Date of Birth (Month/Day/Year) | Sex (male/female) | | Social Security Number* *This is used to make sure we remove the right record. It will not be shared. You can include just the last four digits or leave it blank. | |
| Daytime Telephone | Ema | il | | |

By signing, I understand my health information will be removed and unavailable to caregivers using the system, even in an emergency.

Signature of Patient or Guardian

Date (Month/Day/Year)